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# INSTRUCTIONS

FOR

RECUMBENT OR HOSPITAL TREATMENT

OF

# ACUTE GONORRHEA IN THE MALE

DECEMBER, 1918

BY
G. SHEARMAN PETERKIN, M. D., F. A. C. S.
SEATTLE, WASHINGTON

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# CONTENTS


| | Page. |
|---|---|
| Introduction, The Proem | 1 |
| General Instructions | 5 |
| Diet | 7 |
| Treatment | 7 |
| Hot Sitz-Baths | 8 |
| Constitutional Treatment | 9 |
| Care of Bowels | 9 |
| Duties of Physician, Nurse and Patient | 10 |
| Instructions to Patient for Taking Injections | 11 |
| Instructions to Patient for Irrigating Urethra | 12 |
| List of Articles Nurse is to Prepare for Patient | 14 |
| Preface to Diagrammatic Drawing of Male Sexual and Urinary Organs | 19 |
| Explanatory Key to Diagrammatic Drawing of Male Sexual and Urinary Organs, Showing Their Relative Positions and Functions | 21 |


# APPENDIX


| | |
|---|---|
| History Sheet—Present Symptoms | 23 |
| History Sheet—Laboratory Findings | 24 |
| Special Instructions of Attending Physician | 25 |

# LIST OF ILLUSTRATIONS


| | | PAGE— |
|---|---|---|
| Fig. I. | Basin containing 1-4000 bichloride solution and cotton sponge, see page 5 | 16 |
| Fig. II. | Crepe paper towels for wiping hands, see pages 5 and 6 | 16 |
| Fig. III. | Quart Mason Fruit Jar containing 1-500 bichloride solution for sterilizing soiled dressings, see page 5 | 16 |
| Fig. IV. | Cotton, gauze and oil silk to be applied at meatus, see page 6 | 16 |
| Fig. V. | Showing suspensory with safety-pin in flap to keep dressing in place, see page 6 | 17 |
| Fig. VI. | Genito-urinary suspensory devised by Dr. Peterkin, showing size of opening that will not constrict organ, see page 6 | 17 |
| Fig. VII. | Non-piston syringe with bulb advised for urethral injections, see page 8 | 17 |
| Fig. VIII. | Condiment bottle for sterilizing syringe, containing envelope and bichloride tablet, see page 8 | 17 |
| Fig. IX. | Urethral syringe being sterilized—showing depth of antiseptic in bottle, see page 8 | 17 |
| Fig. X. | Four-ounce condiment bottle containing medicine for injection, see pages 8 and 11 | 17 |
| Fig. XI. | Boracic Acid solution for sterilized syringe, see page 14 | 17 |
| Fig. XII. | Table, arranged for patient's bedside, containing all requisites for treatment | 18 |
| Fig. XIII. | Same as Fig. XII but covered to keep out dust and other foreign particles | 18 |
| Fig. XIV. | Diagrammatic drawing of table arrangement, with explanatory key | 18 |
| Fig. XV. | Glass nozzles, two, for irrigating | 18 |
| Fig. XVI. | Diagrammatic drawing of male sexual and urinary organs showing their relative positions, the body cut in half from before backwards | 20 |

This pamphlet in a practical and utilitarian way outlines the standard treatment for acute gonorrheal urethritis in the male.

It is a concise manual for physician, nurse, patient and hospital.

# THE PROEM

——:o:——

*"The time has come the walrus said,*
*To talk of many things,*
*Of shoes and ships and sealing wax;*
*And cabbages and kings."*

——:o:——

There are forces at work in the world today which medical men cannot afford to ignore. No longer is it possible to cling with safety to the superannuated standard of Medical Ethics—a standard which erects an artificial barrier between medicine and the applied sciences. As elsewhere, EFFICIENCY PRINCIPLES must govern the scientific treatment of disease.

A PRESENTATION OF THIS PROBLEM RESOLVES ITSELF INTO:

1. The creation of a standard.
2. An economic organization of workers, material, time and methods so as not only to attain, but maintain this standard.
3. The creation of an increased demand for scientific medicine as against pseudo-scientific medicine.
4. A demonstration of the proposition.

Standard is created through application of principles of every natural law that governs the treatment of disease.

Systematic, economic organization, by reducing costs, will place scientific medicine within the purchasing power of all of the people.

An increased demand for scientific medicine will be obtained by such advertising as will enable the public to differentiate between scientific and pseudo-scientific medicine. Such a demand on the part of the public will become crystallized when the profession of medicine has created a standard of procedure so worded, illustrated, arranged and systematized that it will appeal to the intelligence and logic of the layman's mind, rather than to his emotions. Then the public can and will make this differentiation and will demand scientific, economic treatment based on EFFICIENCY PRINCIPLES and not on tradition or obsolete theories.

Increased demand will bring the physician more patients because it will make such treatment accessible to a larger group of people. An increased volume of business without a corresponding increase in overhead expense will bring an increased profit to the physician, reduce costs of scientific treatment and place such treatment within the reach of a greater proportion of the public.

To demonstrate the proposition: EFFICIENCY PRINCIPLES must govern scientific treatment of disease, the author has selected the disease of gonorrhea, because:

1. It is a universal disease, hence of interest to the majority.
2. Its existence is so detrimental to social, civic and economic welfare that the Federal Government deems it essential to maintain an active educational propaganda against it.
3. It is rarely scientifically treated due to the false modesty which surrounds sex problems.

Therefore, if it can be demonstrated that EFFICIENCY PRINCIPLES are applicable to a disease of such importance, the advisability of applying the same principles to other diseases would seem sufficiently self-evident.

In the present status of scientific knowledge, the efficient, therefore standard, method of dealing with gonorrhea is recumbent or *hospital treatment.* This form of treatment alone permits recognition of and compliance with the principles of the immutable laws of nature, whether physiologic, biologic, anatomic, therapeutic, hygienic, economic, governing the disease.

Under present conditions, however, when the physician attempts to cope with this disease, he faces two alternatives. He may send the patient to a hospital where he will receive such treatment as hospital facilities now offer, the expense of which in time and money is usually beyond the ability of the average person to meet; or the physician may give such time and treatment in his offices as he can afford for the compensation received and rely on the patient's ability to further follow out instructions.

Neither of these methods brings results, and as a consequence, the disease is made an ever-increasing menace to humanity. Yet this condition of affairs is totally unnecessary.

Systematic, economic organization while omitting no essential detail will

bring *hospital treatment* within the purchasing power of any individual. The truth of this assertion is emphasized by the following:

1. Ninety-eight per cent of all nursing is done and will continue to be done by women. Any logical pretext which may exist for the prudery and false modesty that surrounds the nursing of this disease by the female nurse, thus increasing the cost of treatment by the unnecessary employment of a special attendant, is removed by the systematic arrangement of the details of treatment, with the result that any female nurse can attend a patient so afflicted without any loss to her self-respect.
2. The method is so systematized that no hospital can charge exorbitant prices or refuse admission to gonorrheal patients, either on the grounds of pseudo-morality or increased cost of caring for an infectious disease of this character.
3. Efficiency in treatment is attained by a clear and concise outline of the duties of physician, nurse and patient. Responsibility is definitely placed and any neglect of duty readily detected and rectified. Cost is reduced through the saving of time, money and energy to the physician, nurse, patient and hospital.

   (See page 10, *"Duties of Physician," "Duties of Nurse," and "Duties of Patient."*)

It is believed that a large part of this information finds accessible expression for the first time, and that Recumbent or Hospital Treatment of Gonorrhea as here outlined must be accepted as a Standard Treatment of this disease, because it is worded, illustrated, arranged and systematized to appeal to the intelligence and logic of the people and yet comply with the principles of every natural law governing the treatment of gonorrhea.

THE AUTHOR.

*Seattle, December,* 1918.

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* "Scientific knowledge logically applied to acute gonorrhea in the male urethra."—Medical Record, Jan. 16, 1915.

# INSTRUCTIONS FOR RECUMBENT OR HOSPITAL TREATMENT OF ACUTE GONORRHEA IN THE MALE

## GENERAL INSTRUCTIONS

The patient must be confined to bed.

Gonorrhea is not contagious.

Gonorrhea is communicable only when the germs are carried to the mucous membrane of the urinary tract, sexual organs, eyes and rectum. Therefore, carefully observe the following precautions:

PATIENT AND NURSE MUST NOT PERMIT HANDS TO COME IN CONTACT WITH FACE, ESPECIALLY THE EYES, for discharge entering the mucous membrane of EYES *will cause* IMMEDIATE BLINDNESS.

IF THERE IS ANY IRRITATION OF EYES OF PATIENT OR NURSE, REPORT IMMEDIATELY TO PHYSICIAN.

The nurse, in handling dressings or bed-linen, need not wear gloves. It is essential that she keep her hands from her face and wash hands thoroughly with soap and hot water immediately on finishing her task. After washing hands, towel or linen used must be put where there is no danger of anyone using it before it is laundered.

Place on bedside table, within easy reach of patient:

1. Twelve pieces of loose cotton about size of a dollar in basin (Fig. I) containing 1/4000 bichloride solution. If this strength irritates, use 1/6000 or 1/10,000.

   If bichloride tablets are used, see that they are thoroughly dissolved, so that solution is uniform in strength; otherwise severe irritation of the mucous membrane might occur.

2. In a second basin or other convenient receptacle, place twenty 6-inch squares of non-sterile gauze, to be used by patient as towels for drying fingers after dressing the organ. Each time after using a square, patient should place it in fruit-jar for soiled dressings. (Fig. III.)

   To reduce cost, pieces of crepe paper toweling neatly folded may be substituted for gauze and basin. (Fig. II.)

3. A quart Mason fruit-jar one-half filled with 1/500 bichloride solution. Empty and change solution daily—more frequently if necessary. Label jar: "Poison—for soiled dressings only." (Fig. III.)

Patient is to take a piece of cotton from basin (Fig. I.), squeeze out excess of solution, and place cotton so as to cover well mouth of penis (meatus).

If a long foreskin is present, pull it over moist cotton to keep cotton in place. Do not put in a thick piece. Do not pack it too closely against mouth of organ; this will prevent escape of discharge (free drainage).

If foreskin is short or absent, patient should wear a suspensory that will retain the dressing in place without constricting the organ.

To dress penis without foreskin employ moist medicated cotton as directed; use a piece large enough to cover well the area around meatus. Over cotton place a 5-inch square of gauze, over gauze a 5-inch square of oil silk. (Fig. IV.) Wrap both loosely about the organ, then button flap of suspensory so as to keep dressing in place.

In case the space in flap of suspensory is too big to hold dressing in position loosely about meatus, use a safety-pin, sticking it through flap on left side. (Fig. V.) Placing dressing too close or tight about meatus prevents escape of discharge and sterilization of bacteria by antiseptic on cotton.

Patient should:

1. Change dressings about meatus every two hours (more frequently if discharge is profuse); also after each act of urination.
2. Sponge head of organ thoroughly with bichloride solution at each change of dressing.
3. Pull foreskin (if present) well back so that glands can be thoroughly cleaned.
4. Place soiled dressings and cotton at once in jar provided for this purpose.
5. Dip fingers in bichloride solution immediately after changing dressing or handling organ. Dry fingers on gauze sponge or crepe paper toweling, which is then placed in fruit-jar labeled "Poison—for soiled dressings." (Fig. III.)

The suspensory, oil silk, and gauze dressings should be used by every patient abed, especially at night. These prevent dressings from contaminating bed-linen or patient's clothes by getting displaced or lost among them. (Fig. IV.)

The object of medicated cotton is to:

1. Destroy gonococci (germs of gonorrhea) that are discharged from mouth of urinary canal, and thus prevent the inflamed and everted mucous membrane at mouth (meatus) from reinfecting urinary canal, through being bathed in this discharge containing active instead of dead organisms.
2. Prevent pus-producing micro-organisms, always present on outer side of meatus, from entering urethra and causing mixed infection. This mixed infection is the chief cause preventing an early cure of gonorrhea. In other words, to the inflamed urinary canal is to be applied the general surgical principle of keeping every wound sterile and preventing reinfection by suitable dressings.
3. Prevent discharge caking up meatus, thus interfering with free drainage.
4. Prevent extra-genital infection and infection of the eyes, by applying an antiseptic and destroying germs as soon as they escape from the inflamed organ.

Erections aggravate and prolong the disease by producing congestion of the inflamed lining membrane of urinary canal, causing swelling and edema, preventing escape of discharge (free drainage) and interfering with the attacking hosts of the body that are trying to repel and destroy the invading gonococci. Therefore strictly observe the following:

1. Avoid sexual intercourse, kissing, loving, all scenes, exhibitions, literature, conversation and company that will cause sexual excitement.

See illustrations pp. 16 and 17.

2. Avoid sleeping under heavy covering or on light-weight mattress. Sleep on a hard bed; use little covering, because erection may take place if body becomes overheated.
3. Lying on back while asleep may cause erection; if it does, patient should avoid this position while sleeping. He can do so by tying a towel around his waist, knotting it in the back so that he will awaken when he lies on knot.
4. Avoid erection by wearing a properly fitting suspensory, with an opening (through which the organ is put) large enough not to constrict the organ either when in repose or when erection takes place. Such an opening is well illustrated in Fig. VI.

If, after following hygienic instructions as given above, erections still occur, patient should ring for ice-bag and place it over sexual organs.

Never strip or squeeze organ to see if discharge has stopped. By rubbing the inflamed membranes together this act causes congestion, bruises the inflamed tissue and thus aggravates the inflammation and retards recovery.

## DIET.

Avoid fried-stuffs, red meats, acid fruits, pastry, rhubarb, asparagus, tomatoes, and condiments such as mustard, pepper and horseradish and stimulating sauces. Light meals only should be taken, and patient should never overeat. Less food is required while lying in bed and not exercising, and digestive tract should not be overworked. In fact, the light diet as served in hospitals may be followed in preference to regular diet as here modified.

Take absolutely no alcohol; use tobacco moderately, not more than three cigars or equivalent daily.

Drink at least eight glasses of water daily. (Do not use carbonated water). A pitcher of water with drinking glass should be placed within patient's reach so that he can take the fluid freely and regularly.

The object of taking this amount of water is to:

1. Prevent congestion and irritation of the inflamed mucous membrane by concentrated or acid urine, which acts like pouring vinegar over an inflamed or open cut.
2. Wash out the accumulated discharge and gonococci in the canal, thus facilitating drainage and destroying the rapidly breeding organism, which cannot live outside the human body.

The amount of water to be taken by every individual will vary. The means of regulating the quantity is as follows: The urine must be bland (alkaline). Therefore, after each act of urination, if patient complains of frequency or of burning sensation on urination, nurse should drop a piece of red litmus paper into urinary receptacle; if the paper turns blue a sufficient amount of water is being taken; if it does not, the amount of water should be increased until the litmus paper turns blue readily.

## TREATMENT.

After doctor has given instructions, patient is to treat himself. The nurse is simply to supply the articles necessary for treatment, and through her intelligent knowledge of treatment and orders given, supervision of baths, medication, etc., see that the orders are carried out as per schedule.

When the fact is borne in mind that the gonorrheal germs duplicate themselves every fifteen minutes night and

See illustrations p. 17.

day unless they are checked by persistent and regular treatment, the nurse and patient must realize the necessity of applying this treatment regularly. This persistent and regular treatment is not for 6 to 10 hours, but must continue throughout the 24 hours of each day. There must be no deviation from this rule.

Technique of local treatment: Anterior urethra is to be washed out with hot boracic acid solution, or

.....

at least every two hours during day and every four hours during night. (See Instructions to Patient for Taking Injections, page 11.

The syringe used for these injections is to be of the non-piston kind, preferably a bulb syringe. (Fig. VII.) To prevent reinfection or mixed infection, syringe should be sterilized (cleaned) in the following manner after each treatment:

Syringe should be boiled or thoroughly cleansed by filling and refilling a number of times with very hot running water. After this has been done, place syringe in glass bottle containing bichloride solution marked: "Poison — for sterilizing syringe. Don't inject." (Fig. IX.) In the bottle there is originally an envelope containing bichloride tablets for making the solution and labeled: "Poison — for external use only." (Fig. VIII.) Remove this envelope from bottle and place one of the tablets in it. Fill bottle with hot tap water to the top of label. This is the amount of water to be used to dissolve the tablet. The solution is POISONOUS. Don't inject.

Instructions for keeping syringe sterile: The nurse is to keep syringe as per instructions, pp. 14 and 15; thus the responsibility of misusing the bichloride solution is placed on nurse. If patient cares for syringe, he should rinse it in the boracic acid solution previously used for injection, or in very hot water, and then place syringe in bichloride solution. Each time before using, syringe should be filled three or four times with hot running water, and washed off, to prevent bichloride solution in which it has been sterilized from being injected into the canal and burning and injuring it.

Note: If instructions are given to irrigate instead of use syringe, directions given under "Instructions to Patient for Irrigating Urethra" are to be followed out. Page. 12. The instructions for keeping syringe sterile apply to glass nozzles, if these are supplied for irrigating urethra.

After urinating and washing out canal with hot boracic acid solution patient should inject gently ½ ounce of medicine, or enough to thoroughly distend anterior urethra. The medicated injections should be taken every two or four hours, according to the reaction produced on the mucous membranes of each patient. Medicine: ½ of 1 per cent protargol solution, or .....

..... This medicine should be held in the urethra for 10 minutes as directed, unless it causes irritation, in which case the doctor should be notified.

## HOT SITZ-BATHS.

Two or more to be taken daily, in an ordinary bath-tub, if possible, so that legs can stretch and be covered with water. The water should be allowed to go up to umbilicus or "belly button." The baths should have a temperature of 106° to 120° F., and last from 3 to 15 minutes. It is well to begin these baths at a temperature of 100° and gradually increase heat with each bath, until water is as hot as patient can bear. Temperature should be such as will cause redness of skin.

Patient should be instructed to uri-

See illustrations p. 17.

nate before getting into tub, to cleanse urethra, so that no discharge will get into tub. After each sitz-bath scald the tub with hot water so that no one else will catch the disease. Hot or even warm water kills this infecting organism.

Be careful not to cool body suddenly after bath. The tone of blood vessels should be restored gradually, instead of producing sudden contraction by a chill, and destroying the good effect of bringing the blood to the surface and away from the diseased area. Chill can be prevented:

1. By having hot water bottles in patient's bed, seeing that he has slippers, and is thoroughly wrapped in blankets while going from bath to his room or bed. If patient's room has bath attached, and temperature of both is alike. you need not do this.
2. When the condition is not very bad, by dashing a bucket of cold water over patient's lumbar region while he is still standing in bath-tub.

If the hot sitz-bath makes patient perspire badly, then, as soon as perspiration stops, he should immediately drink from one to three cups of lukewarm water. The object is to dilute the urine and still keep it bland, thus making up for the amount of fluid lost through perspiration. If this is not done, the urine becomes concentrated and causes irritation of the inflamed mucous membrane, and to overcome this is the very reason the bath is taken.

In the daytime during interim between treatments a hot-water bottle should be applied to perineum and one to pubes.

## CONSTITUTIONAL TREATMENT

Santal oil should be taken: two 5-min. capsules every two hours for eight doses; then one 5-min. capsule every four hours, provided patient has not already taken the eight doses and is on the four-hour dose. The object of this medication is exactly the same as that given for drinking water (p. 7). If this drug is fresh, it will not cause irritation of kidneys or backache.

Sodium bicarb may be substituted for the santal oil, if the latter cannot be obtained fresh. Sodium bicarb dosage may be regulated by testing urine with litmus paper to see that it is alkaline (the dose that keeps urine alkaline is the proper one), and it may therefore vary from one-half to one teaspoonful, in a glass of water every four hours.

## CARE OF BOWELS.

First night on entering hospital, commencing two hours before bedtime, give ¼ grain calomel every 15 minutes for eight doses; next morning 1 oz. magnesium sulphate.

After the first day patient may take one teaspoonful Epsom salts night and morning, or one-half to one teaspoonful fluid extract of cascara at night. There should be at least one free movement daily. If this medication does not produce results give a high SS enema. No day should pass without movement.

The object of this medication of bowels is not only to maintain normal resistance of the body by keeping up the activity of these organs, but also to:

1. Keep the bowels from clogging and throwing extra work on the already overtaxed and inflamed urinary tract.
2. Keep bowel contents in a fluid state, so that when in the rectum they will not press against the inflamed sexual organs (prostate, urethra, and seminal vesicles), and by mechanical pressure aggravate the congestion which exists.

## DUTIES OF PHYSICIAN, NURSE AND PATIENT

(A) The duties of the PHYSICIAN are limited to:

1. Emphasizing to all concerned, that whatever method of treatment is used, it must comply with the principles of natural laws governing this disease.

   For example: The frequency and regularity of treatment is dictated by the rapid rate of propagation of the germs that cause the disease, gonorrhea.
2. Instructing the patient about use of syringe.
3. Giving him printed instructions and illustrations, and seeing that he reads and understands them.
4. Giving duplicate instructions and illustrations to nurse, or placing them in a sealed envelope and having patient deliver to nurse.
5. A short inspection at the next call and a possible explanation of some detail that will place the system of treatment on a working basis and require a minimum of time and effort on the part of all concerned.
6. Taking slide specimens P. R. N. Even when the gonococci (germs) are absent from the slide specimens and the urine is clear, the physician should continue to take slides daily for one week, and the urine and discharge should be clinically and microscopically examined during the same period to make sure there is no recurrence of the gonococci.
7. In brief, to advising and directing treatment.

(B) The duties of the NURSE are limited to:

1. Reading all the instructions so to get a comprehensive idea of the disease and know what she is to do.
2. Bringing REGULARLY syringe and boracic acid solution, preparing bath, etc.
3. Placing in systematic order on bedside table the articles necessary for treatment and covering them with a small operating sheet.
4. Seeing that this table and articles are kept in order as per instructions, so that she can ascertain if patient is following directions regarding frequency of treatment and asepsis.
5. In brief, to supervising and seeing that physician's orders are carried out.

(C) The duties of the PATIENT are limited to:

1. Asking questions if he does not understand directions.
2. Doing all of the detail work,—which he will do willingly, because:
   a. It occupies his time.
   b. He has intelligent interest in what he is doing, knows why he is doing it and that he is doing it correctly, but most of all he knows that he is getting full value for money and time expended.
   c. His intelligence and logic have been appealed to, and he realizes that the detailed and complete instructions employed are scientific and will attain maximum efficiency since they permit no slacking on the part of physician, nurse, hospital or even the patient himself.

## INSTRUCTIONS TO PATIENT FOR TAKING INJECTIONS

1. Urinate.
2. Place within easy reach syringe, medicine, hot water or boracic acid solution.
3. Place towel over thighs, under sexual organs, to protect clothing and bed-linen.
4. Place empty wash-basin over scrotum, under penis, so that head of penis is well over basin.
5. Draw back foreskin well and clean head of penis thoroughly with bichloride solution from basin.
6. Grasp penis behind the head, with thumb, first and middle fingers of left hand, so to hold organ firmly.
7. Fill syringe with hot water or boracic acid solution.
8. Place syringe to mouth of urethra. Gently squeeze bulb of syringe until there is a feeling of fullness or slight pain. Hold fluid in urethra from one-half to one minute. Then remove syringe from mouth of urethra; let out fluid. Do this five or six times, or until the solution used for irrigation returns clear. The urethra is washed out in this way with hot water in order to get all the discharge from between the folds of the mucous membrane (lining) of the urethra, so that when the medicine is injected it will touch every part of the inflamed canal and not just the top folds.
9. Now fill syringe with medicine for injection. Grasp penis as directed in (6) and inject medicine slowly until there is a feeling of fullness or slight pain. When injection is in canal, remove syringe, and immediately place first finger over mouth of urethra to keep in the injection. This injection is to be held in for from one to ten minutes, or for as long a time as physician directs.

# INSTRUCTIONS TO PATIENT FOR IRRIGATING URETHRA

APPARATUS USED:

Two-quart douche bag or irrigating can, preferably the latter; glass nozzles, two.

GENERAL INSTRUCTIONS:

1. Before using bag, irrigating can or nozzel for first time, boil for ten minutes.
2. Each time nozzle is used after the first time, clean it in bichloride solution according to directions for keeping syringe sterile (see page 8). For shape of nozzle to be used see illustration, page 18, Fig. XV. Shape of nozzle depends upon size of meatus, or mouth of canal.
3. Always let boiling or very hot water from tap run through can, bag, tube and nozzle each time before putting medicine in same.
4. Use for irrigation, solution of ..... according to doctor's orders.
5. Irrigating fluid should be as hot as can possibly be borne—110 degrees F. in irrigating can.
6. Test the temperature of irrigating fluid by allowing it to run over back of hand before putting into bladder.
7. Do not place fingers in can or bag and unsterilize same.
8. If medicine burns or hurts, tell physician and nurse.

METHOD OF IRRIGATION:

1. Pass all the urine in bladder.
2. Hang douche-bag or irrigating can up (about six feet high) in order that force may be given to solution.
3. Sit in bed or on edge of chair, bath-tub or toilet; if necessary, may stand.
4. Place basin beneath penis so to catch the irrigating fluid.
5. Loosen the clasp which shuts off the solution.
6. Control the flow by clasping the tube just behind the nozzle pointing toward the palm of the hand.
7. See that no air is left in the glass nozzle. Hold the nozzle in an upright position and let the fluid flow through tube and nozzle until no air bubbles appear.
8. Draw back foreskin.
9. Grasp penis with thumb and first finger of left hand; wash off the mouth and head of penis well with the irrigating fluid, so that germs on outside of it will not be forced into canal and complicate disease.
10. Apply nozzle loosely to the mouth of the urethra, meatus.
11. Wash out the front part of the canal every.....hours with..... of fluid.

12. After repeatedly cleansing the front part of canal, if the method of irrigating posterior canal has been actually demonstrated, and if physician has instructed patient to use it, patient is to allow fluid to flow back into the bladder until it is full. This will cleanse the posterior urethra. (The fluid will readily enter the bladder when the shut-off muscle is open. This muscle is under the control of the will and can be opened by patient thinking he is going to urinate.)

13. Fill the bladder every..... hours according to physician's directions. At time of each irrigation, fill two, three or four times. Irrigate gently. Never try to force medicine back into bladder. Do not allow the fluid to suddenly distend the canal and crack the lining membrane.

14. Irrigation completed, hang up douche-bag or irrigating can. Place clean towel over it so that no dirt or dust can get into it. This act makes it unnecessary to reboil douche-bag or can at each treatment, provided it is used for irrigating fluid only and is kept clean as directed in 3, page 12 (Instructions to Patient for Irrigating Urethra).

15. If these instructions are followed out, and irrigating can is cared for as directed, much time will be saved in not having to sterilize by boiling.

16. If the inside of can or bag becomes soiled or unsterile, clean same by boiling for ten minutes.

## LIST OF ARTICLES NURSE IS TO PREPARE FOR PATIENT

1. Basin (size 7″ diameter, 2½″ depth) with 1/400 bichloride solution for moistening cotton sponges, Fig. 1. (See instructions, p. 5.)

2. Twelve pieces of loose cotton, approximately size of a dollar, to be placed in basin with bichloride solution. (See instructions, p. 5.)

3. Basin containing 12 to 20 6-inch squares of non-sterile gauze to be used as towels.

   (Crepe paper towels may be substituted for basin with gauze, Fig. II.) (See instructions, p. 5.)

4. Basin, preferably ordinary round enamel wash-basin (12″ diameter, 3½″ depth) for patient to use when treating himself. After patient uses it nurse will cleanse with hot running water and replace on table.

   Also unsterile hand-towel to protect clothing and bed-linen, to be placed by patient under basin. (See instructions, p. 11.)

5. Basin for hot boracic acid solution or hot water, temperature 110° to 115,° for washing out urethra.

   Note: Total basins required 4 (only 3 if crepe paper towels are used).

6. A quart Mason fruit-jar one-half filled with 1/500 bichloride solution. Label jar: "Poison—for soiled dressings," Fig. III. (See instructions, p. 5.)

7. Pitcher of water and drinking glass. (See instructions, p. 7.)

8. An 8-ounce bottle for morning specimen of urine (or glass urinal). Patient is to urinate into bottle (or urinal) just prior to using protargol solution in the morning. This urinary specimen is to be saved for the physician, so that he can inspect progress of treatment.

   Note: After 12 o'clock at night irrigation should be done with boracic acid or hot water only, so that urinary specimen will not retain residue of protargol. When specimen of urine is desired for microscopic purposes patient should not irrigate from midnight till 6:00 a. m., at which time he is to urinate into a sterile 8-ounce bottle, after first washing meatus with a sponge from basin containing bichloride solution. Save specimen for physician to inspect. Later send to laboratory if so desired.

9. Four-ounce condiment bottle to contain protargol solution, labeled: "Medicine for injection." This kind of bottle is used so that solution can be easily taken up in syringe. (Fig. X.) (See instructions, p. 8.)

10. Urethral bulb syringe, as made by Mueller & Co., of Chicago. (Fig. VII.)

11. Four-ounce condiment bottle (Fig. IX), labeled: "Poison—for sterilizing syringe. Don't inject." This bottle to be filled with bichloride solution for sterilizing syringe as per instructions, p. 8. Change this solution once in 24 hours.

12. Four-ounce condiment bottle (Fig. XI), labeled: "Boracic acid solution for STERILIZED syringe." Change this solution at least four times in 24 hours. (Fig. IX shows how syringe is put in bottle to be sterilized.)

NOTE: The basin of boracic acid solution, syringe, and bottle containing the syringe should be taken out of rooms by nurse, who will wash syringe in running hot water and replace in bichloride solution until again prepared for next treatment by rinsing and putting in boracic acid bottle for syringe.

Both bottles for syringe to be kept by nurse, who is to take syringe out of bichloride solution, rinse in hot running water, and place in bottle containing boracic acid solution just before giving it to patient every two or four hours, or according to directions.

13. Santal oil capsules of sodium bicarb. (See instructions, p. 9.)
14. Ice-bag (if patient rings for it). Place on table for patient to use as directed, p. 7.
15. Two hot-water bottles. (See instructions, p. 9.
16. Suspensory. (See instructions, p. 6; see Figs. IV, V and VI.)
17. Bottle of red litmus paper, as put up by Squibb & Co. (See instructions, pp. 7, 9.)
18. Bedside table. (See Duties of Nurse, p. 10; Figs. XII, XIII and XIV.)

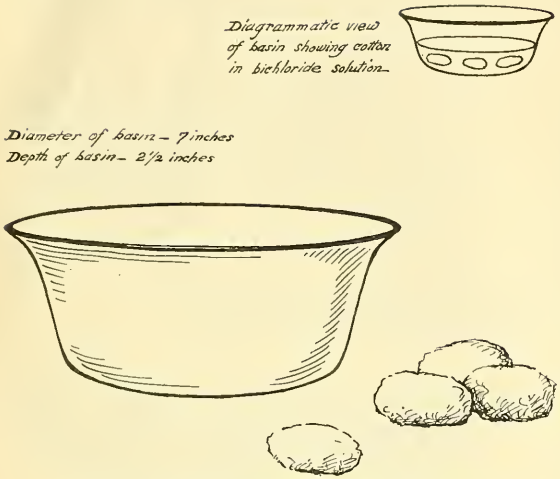
The success of treatment depends upon your intelligent understanding of the cause and effect of gonorrhea. So if you do not fully understand any of the instructions, why they are given, or the object in giving them, you should at once ask the attending physician. Also, report immediately if patient fails to comply with directions given.

How to Remove Stains:

1. A few crystals of oxalic acid dropped in one pint of hot water will make a solution that will remove permanganate stains.

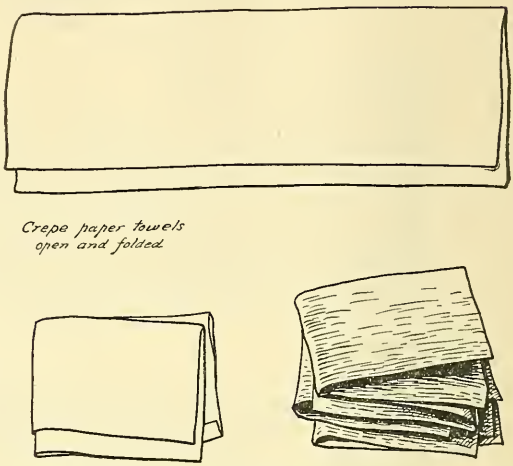
2. Two bichloride tablets in one pint of hot water will make a solution that will remove argyrol stains. (If drinking glass is employed for making solution, extreme caution must be exercised in washing glass thoroughly, for bichloride is very poisonous and should be used for external purposes only.)

*Fig. I.*



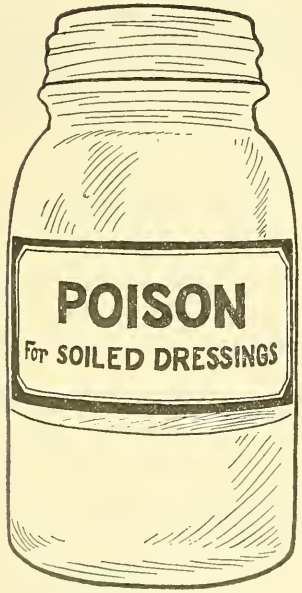

*Basin containing 1/4000 bichloride solution, and cotton sponge, see Page 5*

*Fig. II.*



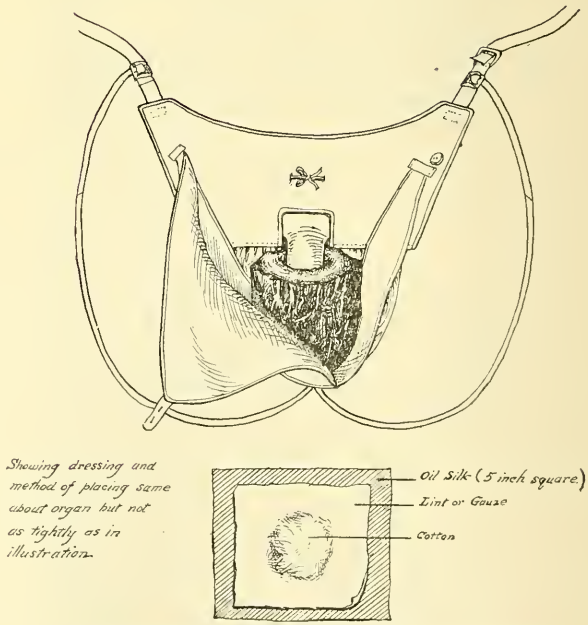

*Crepe paper towels for wiping hands, see Pages 5 and 6.*

*Fig. III.*



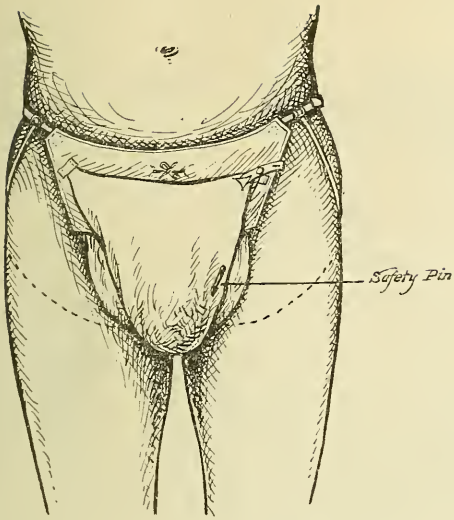

*Quart Mason fruit jar containing 1/500 bichloride solution for sterilizing soiled dressings, see Page 5.*

*Fig. IV.*



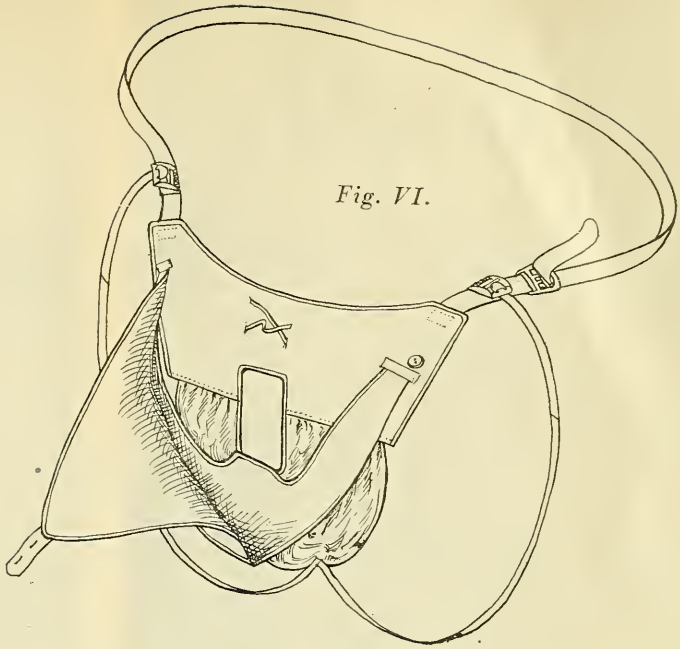

*Cotton, gauze and oil silk to be applied at meatus, see Page 6.*

Fig. V.



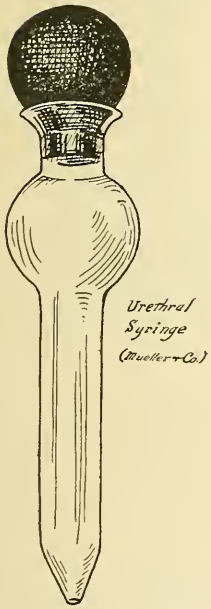

*Showing suspensory with safety-pin in flap to keep dressing in place, see Page 6.*

Fig. VI.



*Genito-urinary suspensory devised by Dr. Peterkin showing size of opening that will not constrict organ, see Page 6.*

Fig. VII.

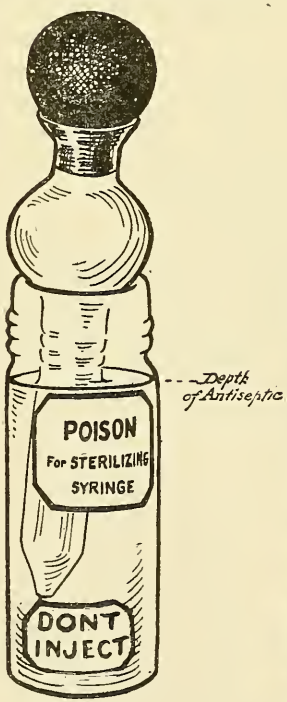



*Non-piston syringe with bulb, advised for urethral injections, see Page 8.*

Fig. VIII.

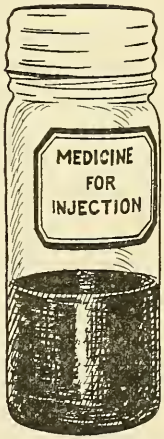
*Condiment bottle for sterilizing syringe, showing contained envelope with bichloride tablet, see Page 8.*

Fig. IX.




*Same bottle with tablet dissolved in it, showing method of sterilizing syringe, see Page 8.*

Fig. X.




*4-ounce condiment bottle, the form best adapted for containing medicine so that syringe can be easily filled and still kept sterile, see Pages 8 and 11.*

Fig. XI.

*4-ounce condiment bottle containing boracic acid solution, in which nurse or patient is to place syringe after it has been removed from sterilizing bottle, see Page 14.*

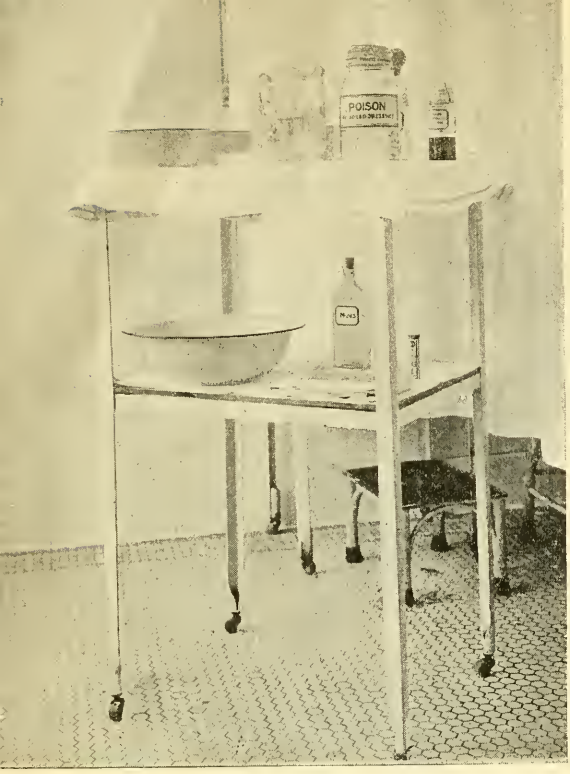



*Fig. XIV.*

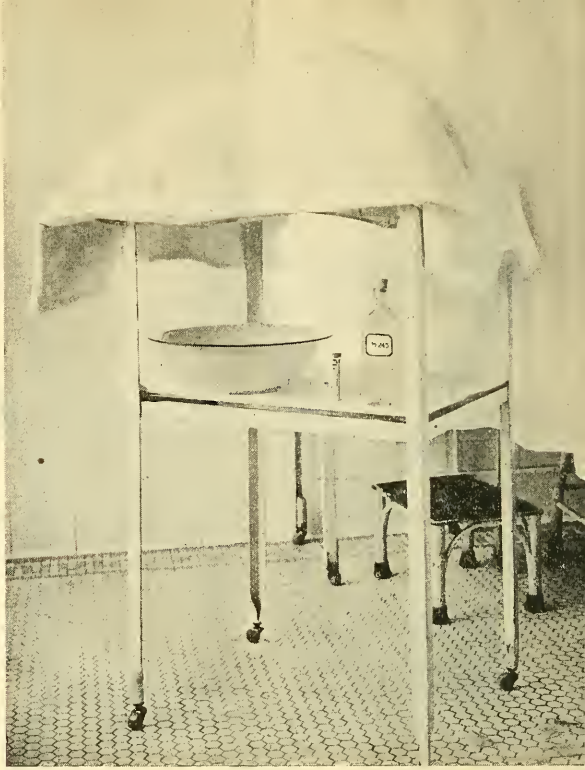


*Fig. XV.*

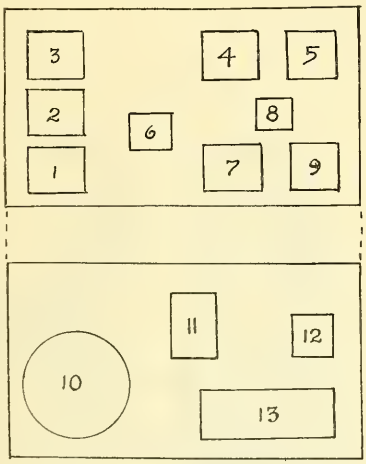


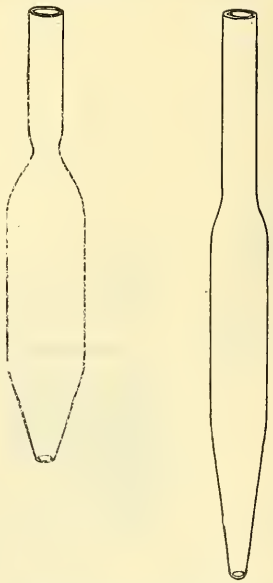

DIAGRAM OF TABLE

Upper Shelf

1. Basin with bicklorde
2. " " sponges or crepe towels
3. " " boracic acid solution
4. Syringe in " " "
5. Medicine for infection
6. Santal oil capsules
7. Water pitcher
8. Drinking glass
9. Bichloride solution for dressings

Lower shelf

10. Ordinary wash-basin
11. Bottle or glass urinal
12. Red litmus paper
13. Towels to place under basin during irrigation



*Nozzles for irrigating; form depending on size of meatus, see Page 12.*

STUDY NEXT PAGE

## DIAGRAMMATIC DRAWING OF THE MALE SEXUAL AND URINARY ORGANS, SHOWING THEIR RELATIVE POSITIONS

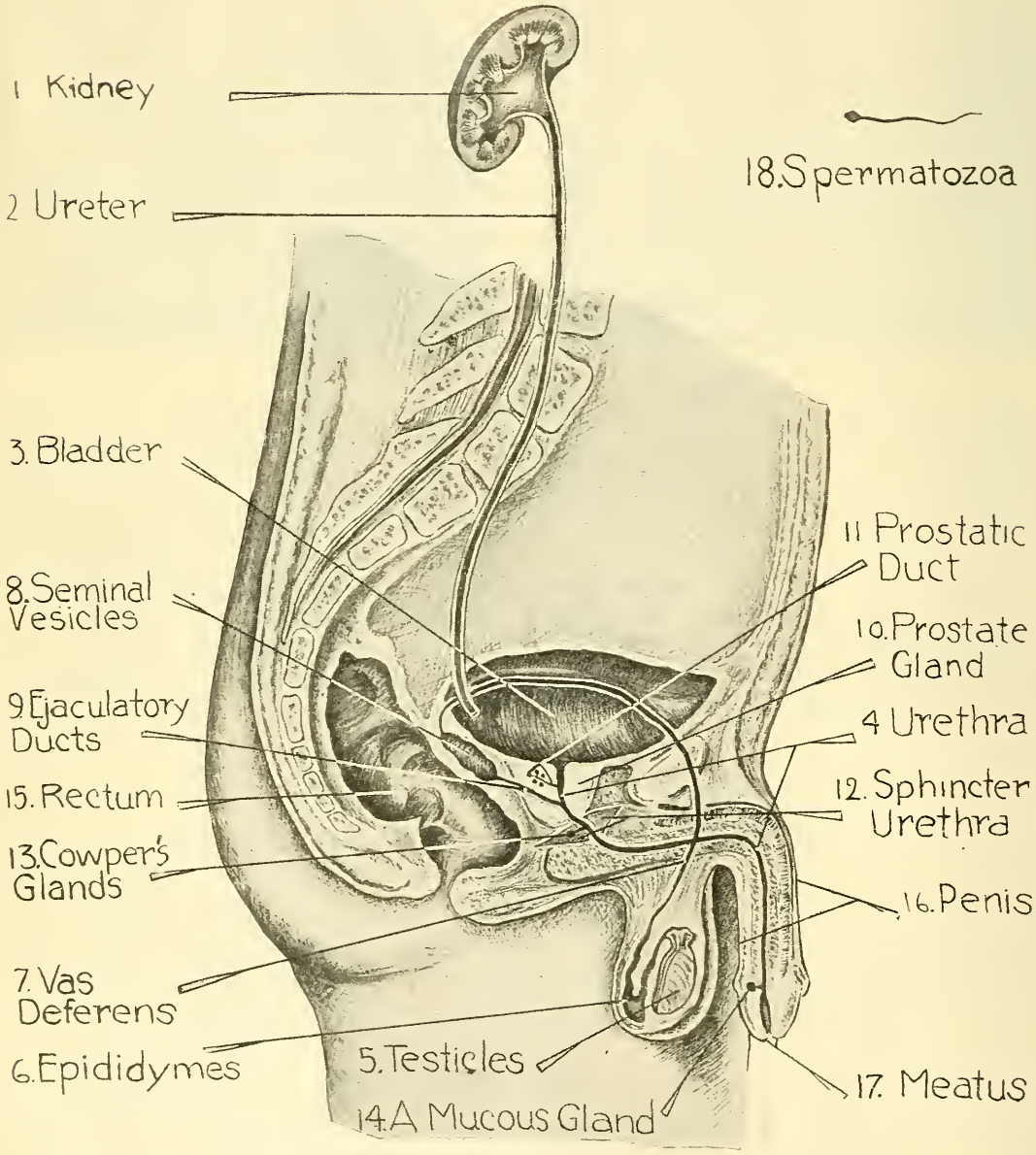
This diagrammatic drawing (page 20), made easily accessible when most needed, enables the physician to answer patient's questions about the sexual and urinary organs and the treatment of gonorrhea, in such a way that his lay mind can readily grasp the information imparted and he can follow out the instructions given.

The article itself, on the other hand, presents facts concerning the rapid rate of propagation of the gonococci, etc., and thus acquaints the physician, nurse and patient with the necessity of complying with the immutable laws, both organic and inorganic, governing the disease.

Given the opportunity to acquire the above knowledge, the laity can use their intelligence and logic, and as purchasers can protect their lives and health by differentiating between scientific and pseudo-scientific treatment of gonorrhea, instead of relying merely upon the ethical standing or moral reputation of the followers of Aesculapius, who offer the treatment for sale.

## DIAGRAMMATIC DRAWING OF MALE SEXUAL AND URINARY ORGANS

*Fig. XVI.*




*Body cut in half from before backwards. Explanatory key on Pages 21 and 22.*

# EXPLANATORY KEY TO DIAGRAMMATIC DRAWING (FIG. XVI., PAGE 20), MALE SEXUAL AND URINARY ORGANS, SHOWING THEIR RELATIVE POSITIONS AND FUNCTIONS

1. Kidney—Urine manufactured here.
2. Ureter—Tube which carries urine to bladder.
3. Bladder—Reservoir for holding urine until passed.
4. Urethra—Tube which carries urine from bladder (No. 3) and semen from seminal vesicles (No. 8) through the penis (No. 16.)
5. Testicles—Two organs that manufacture semen that contains the spermatozoa (No. 18), the male seed. Made up of compartments filled with coiled tubes totaling two miles in length.
6. Epididymes—Two, the collecting tubes for semen.
7. Vas Deferens—Two, transportation tubes, continuation of No. 5. These carry semen from testicles (No. 5) to reservoirs, or seminal vesicles (No. 8).
8. Seminal Vesicles—Two, reservoirs for storing semen until emptied by sexual intercourse or expelled during sleep (wet dreams) or by pressure of contents of bowels against same at stool—all normal acts.
9. Ejaculatory Ducts—Two, tubes to carry semen from reservoir (No. 8) to urethra (No. 4) to be expelled from body. Tracts semen must follow: 5, 6, 7, 8, 9 and full length of urethra, 4.
10. Prostate Gland—Surrounds urethra (No. 4) from bladder (No. 3) to shut-off muscle (No. 12). It is made up of glands shaped like bunches of grapes, sixteen to twenty in number, which open into the urethra. Its secretion is discharged with the semen. This organ manufactures the prostate fluid (1) to dilute the seminal fluid so that the spermatozoa can freely move about; (2) to neutralize the acid secretion of the vagina so that it will not destroy the spermatozoa; (3) to give bulk to semen so that the muscles that ejaculate this fluid will give greater force to same, thereby increasing the possibility of the spermatozoa (male seed) getting into the womb, and fertilizing the ovum (egg of female).
11. A Prostatic Duct, and its gland, spoken of in No. 12.
12. Sphincter Urethra—Shut-off muscle that controls urinary flow by squeezing together surfaces of urethra (No. 4). It divides No. 4 into two parts which are termed respectively: Front-part, anterior urethra; and back-part, posterior urethra. This muscle is under the control of the mind, for one can urinate (empty the bladder) when so desired, or hold urine in bladder by simply making up his mind to keep this muscle closed. Knowledge of the fact that this muscle is under the control of the mind permits the patient, by voluntarily opening this muscle, to readily irrigate the bladder and posterior urethra—

a method of treatment often essential to the successful treatment of any disease of the bladder and urethra.

13. COWPER'S GLANDS—Two, one on each side of the body. They open into the urethra.

14. A MUCOUS GLAND—In the urethra (No. 4) from mouth (No. 17) to bladder (No. 3). There are hundreds of similar glands so small that they cannot be seen by the naked eye, yet large enough to hold thousands of bacteria. These glands oil the urethra so that this canal can expand or contract during urination or intercourse without cracking the membrane, which would occur if it were dry.

15. RECTUM. End of bowels or intestines and its opening (anus).

16. PENIS—Organ that protects the urethra and directs the flow of urine so as to prevent the individual soiling himself; also directs the spermatozoa through the vagina into the mouth of the womb, so that the ovum, or egg, in the woman will become fertilized.

17. MEATUS—End of urinary and sexual tract. (Route urine must follow; 1, 2, 3, 4 and 17.)

18. SPERMATOZOA—Male seed. Has power to move like tadpole. Rate of motion one inch in seven minutes; 10,000 discharged with each ejaculation. Size 1/500 to 1/600 of an inch.

# APPENDIX

## HISTORY

Name, initial or number.....Date.....

Occupation.....Age.....

Appetite.....

Sleep.....

Bowels.....

History of local sores.....Date.....

Wassermann.....GC Complement fixation.....

*Gonorrhea*

No. of attacks.....Dates.....

Duration 1st, 2d, etc.....

Complications 1st, 2d, etc.....

.....

Previous treatment 1st, 2d, etc.....

.....

Symptoms present attack.....

HISTORY—Continued

LABORATORY FINDINGS

# SPECIAL INSTRUCTIONS OF ATTENDING PHYSICIAN

# INDEX


Page

Alcohol, must not use 7

Apparatus used for irrigating urethra 12

Articles nurse is to prepare for patient 14
Nurse is to place on bedside table 5

Baths, Hot Sitz, instruction for taking 8-9

Blindness caused by gonorrheal discharge 5

Bottle, hot-water, apply to perineum and pubes 9

Bowels, care of 9

Cotton, medicated, instructions for using 5
Object of using 6

Diet 7

Dressings, application of 5-6

Duties of physician, nurse and patient 10

Efficiency principles must govern scientific treatment of disease 1, 2

Erections aggravate and prolong the disease 6
How prevented 6-7

Explanatory key to diagrammatic drawing of male sexual and urinary organs 21-22

Foreskin, long, keeping cotton over 5
To dress penis without 6

Gonococci, destruction of by medicated cotton 6
Rate of reproduction 7-8, 19

Gonorrhea, why author chose to write about it 2
Not contagious, but communicable 5

History sheets (memoranda) 23-24

Hospital treatment of gonorrhea 2, 3

Infection, mixed, prevention of 6
Of eyes 6

Injections, instructions to patient for taking 11

Instructions, after doctor has given 7
For keeping nozzles sterile 12
For keeping syringe sterile 8
General 5
Special, of attending physician 25
To patient for irrigating urethra 12
To patient for taking injections 11

Litmus paper, test of urine with 7, 9

Meatus, changing dressing about 6
Preventing discharge caking 6
Where located 22

Medical Ethics 1

Medicine, demand for scientific 1-2
Injection of 8, 11

Nozzles, kind used 12
Instructions for keeping sterile 12

Nurse, duties of 5, 7, 8, 10
List of articles she is to prepare 14-15
Must realize necessity of applying treatment regularly 8

Organization of medicine 1-2

Patient, confined to bed 5
Duties of 6-7, 10
Instructions to 11-12

Physician, duties of 10

Proem, the 1-3

Stains, how to remove 15

Standard, creation of in medicine 1

Suspensory, directions for using 6
Kind used 5

Syringe, how sterilized 8
Instructions for keeping sterile 8
Kind used 8

Table, bedside, articles nurse shall place on 5

Treatment, constitutional 9
Hospital 2, 3
Technique of local 8

Urethra, anterior, washing with boracic acid 8
Posterior, irrigation of 13

Water, reason for drinking large amount 7

125

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